



# The Journal

Vol. 28

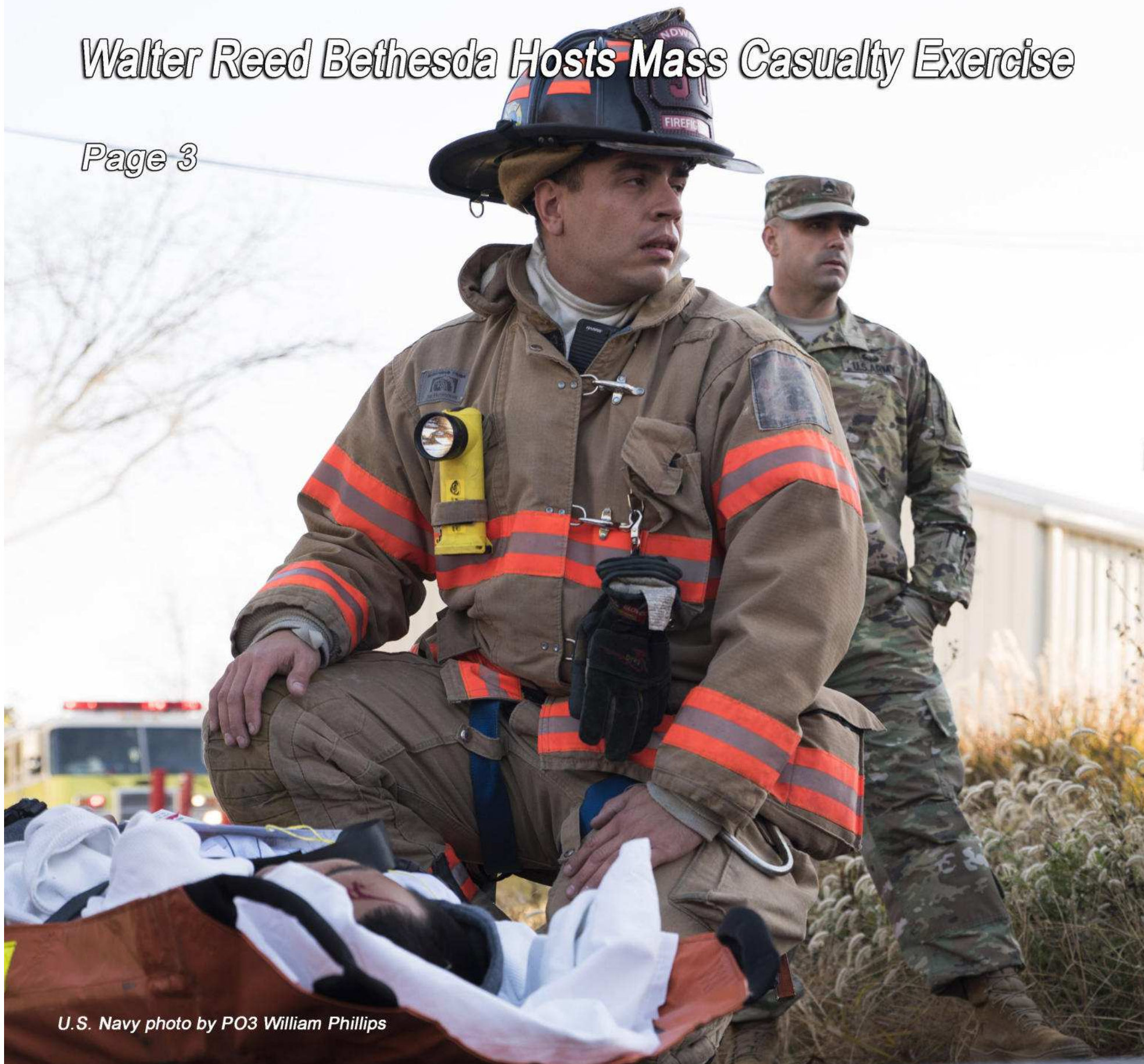
No. 47

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December 1, 2016

## *Walter Reed Bethesda Hosts Mass Casualty Exercise*

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U.S. Navy photo by PO3 William Phillips



# Thanksgiving Around the Fleet



PHOTO BY PO3 WILLIAM PHILLIPS

Naval Support Activity Bethesda Commanding Officer Capt. Marvin L. Jones serves food to service members and guests during a Thanksgiving luncheon Nov. 24 at the Warrior Cafe.



PO3 ANDERSON BRANCH

Secretary of the Navy Ray Mabus eats Thanksgiving dinner with Sailors aboard the aircraft carrier USS Dwight D. Eisenhower (CVN 69).



PO3 RAWAD MADANAT

Chief of Naval Operations Adm. John Richardson has Thanksgiving dinner with Sailors and Marines aboard the amphibious assault ship USS Wasp (LHD 1).

## Bethesda Notebook

### Chief Nurse Calls

Navy Capt. Valerie Morrison, director of nursing services at Walter Reed National Military Medical Center, will host “Chief Nurse Calls” on Dec. 6 at 7 a.m. in Memorial Auditorium, noon in the America Building’s Superior and Great Lake Conference Rooms, and 5 p.m. in Building 10’s Clark Auditorium. All WRNMMC nurses are encouraged to attend one of the sessions.

### Hanukkah Ceremony

The annual Hanukkah ceremony will be Dec. 15 at 2:30 p.m. in Building 10’s Command Duty Officer Quarterdeck. All staff, patients, families and visitors are invited to attend.

### Pre-retirement Seminar

A two-day pre-retirement seminar is scheduled for Dec. 13-14 from 8 a.m. to 4 p.m. each day. Pre-registration is required and space is limited. The seminar is for WRNMMC DoD GS employees planning to retire within the next five years. For more information, contact [dha.bethesda.wrnmcc.list.preretirement-seminar@mail.mil](mailto:dha.bethesda.wrnmcc.list.preretirement-seminar@mail.mil).

### Fleet, Family Support Center

The Fleet and Family Support Center (FFSC) on Naval Support Activity Bethesda offers programs intended to assist service members and their families with military life. FFSC’s workshops and seminars include: job search strategies for military spouses; federal resume writing; time management; credit management; consumer financial awareness; interview skills; pre-deployment briefings; return and reunion briefings; and more. For more information, call 301-319-4087, or visit FFSC in Bldg. 11, first floor.

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PO3 WILLIAM PHILLIPS

Walter Reed Bethesda and the Naval District Washington Fire Department conducted a mass casualty drill on Naval Support Activity Bethesda Nov. 17.

# Code Green: Mass Casualty Exercise Tests Response Readiness

By **Kalila Fleming**  
WRNMMC Public Affairs

Walter Reed National Military Medical Center conducted a Code Green exercise Nov. 17 to test the medical center's readiness response to a mass casualty event.

Chris Gillette, command emergency manager at Walter Reed National Military Medical Center and the exercise director, explained WRNMMC, with Naval Support Activity Bethesda's Police Department and Naval District Washington's Fire and Rescue Department, exercised their emergency response plans during the staged event on NSAB.

The exercise scenario focused on structural collapse on base causing multiple casualties. Medical center staff set up a temporary triage site outside of the Emergency Department where they assessed those injured as a result of the collapse of

a base garage. Based in the severity of their injuries, casualties were transported to different areas in the hospital for care.

"We do this continuously because you never know [what can occur] in today's society," Gillette said. "We always have to be ready," he continued.

"Exercises are always good because they give our staff the opportunity to practice our processes," Gillette added. Those processes included WRNMMC's ability to receive and track a number of casualties while continuing its 24/7 inpatient and emergency care mission.

During this Code Green, approximately 20 casualties were received in the ED as part of the exercise, and the scene could be described as "organized chaos" as the medical staff rushed to provide care to those injured.

Navy nurse, Lt. Breanna Vantiger, directed staff

where to transport patients into the designated areas during the exercise. "Triage staff is going to [assess] the patients and essentially assign them to a category: green is walking wounded; red is immediate care; and yellow is...serious, but [not immediate]," she stated.

Army Lt. Col. (Dr.) Paresh Patel, ED chief, explained the unit was ready to receive as many casualties who arrived at the hospital for care as part of the exercise. "We do this every year to make sure we're ready for any kind of incident [including] biological, chemical, catastrophic, as well as any kind of explosion [and other possible scenarios]. The exercise provides a good opportunity to practice our treatment and care of these patients."

See **READINESS**

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PHOTO BY BERNARD S. LITTLE

A simulated patient is triaged during a Code Green mass casualty exercise at Walter Reed National Military Medical Center on Nov. 17.

READINESS

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Gillette continued to explain the importance of the exercise in testing the medical center’s surge capabilities. He said WRNMMC’s 24/7 inpatient and emergency care mission doesn’t stop regardless of the situation. Exercising ensures this mission isn’t challenged when there is a mass casualty incident by determining there is adequate staffing for both.

In addition, the exercise tested the medical center’s family reunification capabilities, which help staff members communicate with the loved ones of the injured and reconnect them with those who may be casualties.

Army Sgt. Demetrius Davis was a part of the family reception team collecting patient information. “My main role here is to make sure that I take down the patient information that’s brought in and take pictures to get uploaded into the patient transit system,” he said.

WRNMMC Director Army Col. Michael S. Heimall was on hand in the ED during the exercise. He stressed the importance of conducting routine training exercises to

meet the Joint Commission’s Emergency Management Standard, and validate WRNMMC’s status as an American College of Surgeons Verified Level II Trauma Center.

“[Exercises] allow us to work through the processes of casualties coming to us with complex injuries, and allow our new staff to see what those processes are, as well as the opportunities to refine our plans so if a real event happens, we would be able to perform very well,” Heimall said.

“Like any good championship team, they have had months of practice leading up to the game so that every member on the team understands what his or her responsibilities are, as well as the responsibilities of the people around them, and they can perform those responsibilities, which allow the entire team to function more effectively and efficiently,” Heimall added.

Navy Command Master Chief Tyrone Willis, WRNMMC senior enlisted leader, was also on site for the exercise and shared similar sentiments. “These exercises allow the time to learn what our facilities can offer and provide on multiple facets when dealing with casualties. It gives us the opportunity to look back and see what we can improve on some of our processes.”



PHOTO BY BERNARD S. LITTLE

Emergency Room staff treats a simulated casualty during a Code Green mass casualty exercise at Walter Reed National Military Medical Center on Nov. 17.



# NSAB Winter Coat Drive Underway

By Andrew Damstedt  
The Journal

Coats, hats, scarves, gloves, socks and other winter clothing are all needed for this year's winter coat drive at Naval Support Activity Bethesda (NSAB).

"The season of giving is important to spread good will and to let people know that somebody cares about them and to let them know that their chaplain is praying for them," said NSAB Chaplain Lt. Christilene Whalen.

The drive started in October and so far, there have been 95 coats donated.

"We want people to put more coats in there," Whalen said. "We want to be overloaded."

The winter clothing is donated to local homeless shelters and churches that give out clothes, Whalen said.

While it is a winter coat drive, all clothing of all sizes is welcome she said, and socks are especially welcome.

People can donate new or gently used items at any of the drop-off boxes until Jan. 31.

The boxes where people can donate new or gently used coats, gloves, hats, scarves, socks, etc. The collection boxes are set up in Building 17 and 27, at the Navy Exchange, outside the Uniform Shop, near the Sexual Assault Prevention and Response office in Building 2 in and on the Uniformed Services University of the Health Sciences campus.

For more information contact the NSAB Religious Ministry Department at 301-319-5058.



PHOTO BY PO2 HANK GETTYS

The annual NSAB Winter Coat Drive has already collected 180 items, including coats, gloves, shirts, hats, scarves, socks and shoes. The drive lasts until Jan. 31.

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# Nurses Discuss Fearless Leadership at USU Bagin Lecture

By Bernard S. Little  
WRNMMC Public Affairs

"It's the time for nursing science," said Marion E. Broome, Ph.D., a registered nurse, and guest speaker during the Uniformed Services University's Daniel K. Inouye Graduate School of Nursing's Lt. Col. Isabelle Bagin Memorial Lecture on Nov. 10 at Walter Reed Bethesda.

The dean and vice chancellor for nursing at Duke University, Broome discussed "Fearless Leadership, Using Nursing Science to Improve Health," during her presentation.

She explained nursing science include organized knowledge ("collective genius") which must be continually improved in order to provide the best patient care possible.

"I believe it is the unique role of nurse leaders in all areas to co-lead health outcomes improvement initiatives. However, to do that, we must mobilize knowledge, analytic abilities, expertise and most important, the public's trust," Broome said. "We have to do this in partnership with our patients, families and communities we serve," she added.

Broome said environmental forces and economic factors will drive changes in health care systems, and nurses must continue their legacy of "speaking out and advocating" for patients. "I think we have to use our knowledge and science to be able to improve health in this country, because frankly, if not us, then who?"

She explained issues facing health care include "disparities in longevity [amongst individuals and groups]; social determinants; healthy aging and

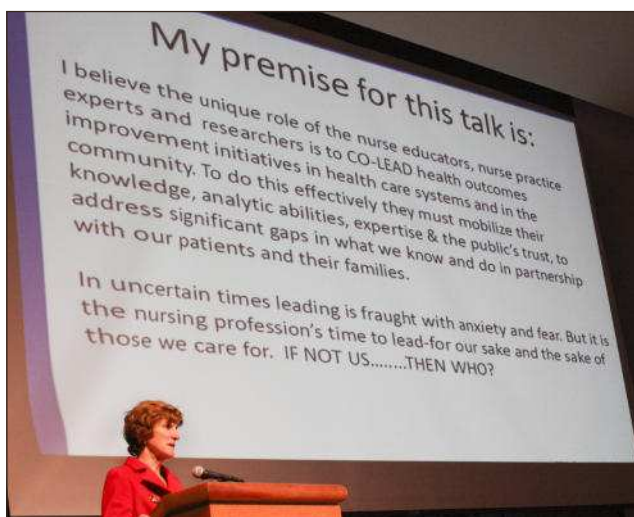


PHOTO BY BERNARD S. LITTLE

**Marion E. Broome, Ph.D., a registered nurse, and dean and vice chancellor for nursing at Duke University, discusses, "Fearless Leadership: Using Nursing Science to Improve Health," during Uniformed Services University of the Health Science's lecture at Walter Reed Bethesda on Nov. 10**

dignified, peaceful dying; the role of personalized/precision medicine; innovative models of care that engage the individual, family and community; and data driven decision-making goal."

To face these and other challenges, Broome explained nurse leaders must "act now to build nursing cultures capable of massive and transformational change – change that will alter

the way education and patient care is perceived, delivered and evaluated."

She also encouraged nurse leaders to "embrace new thinking that gives nurse educators and researcher 'permission to fail' as innovation emerges." In addition, nurse leaders must "create a sense of urgency around this big opportunity to develop change initiatives that transform culture," as well as "create powerful partnerships within systems of education, health care, community and government."

Broome said nurse leaders must also be "transformative, authentic, empower others, challenge themselves, support creativity, professional, team players, competent, learn from failure, and effective communicators. They must be able to "see what 'can be'...not just what is."

Dr. Carol A. Romano, dean of USU's Daniel K. Inouye Graduate School of Nursing, agreed nurses should "embrace challenges to their roles, exert fearless leadership, and improve health care for those they serve."

Air Force Col. Marla De Jong, Ph.D., interim associate dean for research at USU's Daniel K. Inouye Graduate School of Nursing, explained the late Army nurse Lt. Col. Isabelle Bagin, after whom the memorial lecture is named, "valued nursing education, science, scholarship and military nursing practice." To encourage future nursing students to pursue careers as Army nurses, Bagin bequeathed funds to be used for scholarships, education activities, research and other scholarly purposes such as the lecture.



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# Navy Lodging Appreciation Day

Photos by Andrew Damstedt

Navy Gateway Inns and Suites and Fisher House celebrated their employees at a luncheon Nov. 16 as part of the Navy Lodging Appreciation Day. Maria Alvarenga was nominated for a Navy-wide "Housekeeper of the Year" award and was recognized at the event. Commanding Officer Capt. Marvin L. Jones said the NGIS and Fisher House employees are an integral part in making people feel welcome on base: "You make think they don't notice what you do, you may think they don't appreciate what you do, but trust me, they do – in a big way."



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# Genome Center Tracking and Sequencing: Making a Difference in Health Care

**By Sarah Marshall**  
**USU Public Affairs**

Researchers from the Uniformed Services University of the Health Sciences (USU) are on target to provide scalable molecular knowledge to researchers and physicians across the country that will help them treat the 1.6 million patients diagnosed with cancer each year, thanks to the university's new genome center.

Equipped with state-of-the-art robotics and innovative technology, The American Genome Center (TAGC) at USU aims to study large populations by quickly sequencing thousands of genomes. This research looking at patients' genes will help providers rapidly identify unique targets and pathways of cancer and of military-relevant disease, for better detection and intervention.

A genome is the complete set of DNA, and genome sequencing determines the exact

order of the base pairs that make up a segment of DNA. These "bases" are letters "T" (thymine), "A" (adenine), "G" (guanine), or "C" (cytosine) – hence the center's aptly-chosen acronym, TAGC. The human genome contains about 3 billion of these base pairs, which reside in the 23 pairs of chromosomes in the nucleus of all of our cells.

TAGC, which is part of the university's Collaborative Health Initiative Research Program, came to fruition over the last two years and began operating in March, making it one of only about two dozen such sites in the world. TAGC is only one of four academic genome centers in the U.S. and the only genome center in the federal system. TAGC's first study involved sequencing the genomes from a set of Vietnam Veteran twins, who developed post-traumatic stress disorder (PTSD) and cardiovascular disease. The researchers



PHOTO BY SARAH MARSHALL

**Heng-Cheng Hu, left, and Dagmar Bacikova, researchers at the Uniformed Services University of the Health Sciences recently monitor data on a next-generation sequencer in The American Genome Center (TAGC) at the university. This sequencing helps pinpoint genetic mutations that could serve as biomarkers, which can better predict disease risks and outcomes. TAGC is one of four academic genome centers in the U.S. and the only genome center in the federal system.**

found that some of the same genes responsible for PTSD, might also be associated with a risk for cardiovascular disease.

Researchers in TAGC

hope to continue making such discoveries, now that they have the capability to sequence tens of thousands of genomes per year, explained Dr. Clifton

Dalgard, core director of TAGC. The center is currently sequencing about 50 genomes per day, or around 1,000 per month, Dalgard said, and in its full capacity can sequence 18,000 per year.

"We're in an era of precision medicine, and genome sequencing is a huge component of precise medicine," Dalgard said.

"Every disease and health condition has a unique molecular basis, and impacts each person differently, so it's important to analyze genomes in high volumes – this increases the odds of identifying observing recurrent genetic mutations common in the disease," explained Dr. Matthew Wilkerson, Bioinformatics Director. "This helps pinpoint genetic mutations that could serve as biomarkers, which can better predict disease risks and outcomes. Also knowing which genetic variants associate with treatment response can then lead to more precise, customized treatment

plans, Wilkerson said.

The process of genome sequencing is complex, involving many top-of-the-line robotics and high-end computers, Dalgard said. The center has four labs, working in sequence with one another, processing and preparing blood and tissue samples, before they make their way through next-generation sequencers. Several specialized computers output data from the billions of base pairs, which is then analyzed by the team of scientists.

Dalgard explained that having our own genome center is not only cost-efficient, but also allows for patient privacy by keeping data within the military health system, rather than sending it to an external source for analysis. It also adds to the university's prestige, he said.

"We aim to be the DoD flagship center, capable of supporting all DoD programs and military

See **GENOME**

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# Workplace Bullying: It Can Begin and End With You

By Sharon Renee Taylor  
WRNMMC Public Affairs

The school yard isn't the only place where bullies can be found—they're in the workplace, too.

A 2014 survey conducted by the World Bullying Institute found 35 percent of the U.S. workforce (an estimated 53.5 million Americans) report being bullied at work; an additional 15 percent witness it.

The survey also found women bullies target women in 80 percent of cases. In 2012, former Chairman of the Joint Chiefs of Staff now retired Army Gen. Martin E. Dempsey said all service members have a personal responsibility to intervene in and stop any occurrences of hazing or bullying.

Bullying is a form of aggressive behavior in which someone intentionally and repeatedly causes another person injury or discomfort, according to the American Psychological Association (APA). Bullying can take the form of physical contact, words or more subtle actions.

The APA added, the bullied individual typically has trouble defending him or herself and does nothing to "cause" the bullying.

"There's not a single psychological explanation for why people engage in bullying behaviors at work or elsewhere," explained U.S. Public Health Service

Cmdr. (Dr.) Arlin Hatch, a clinical psychologist at Walter Reed National Military Medical Center (WRNMMC).

Bullies in the workplace do so for a variety of reasons: as a form of hazing a new employee, as a way to exert power, control over others, or to get their way, he said.

Anyone can be a bully in the workplace, although the impact of bullying can intensify when it comes from a person with positional authority, Hatch said.

The Centers for Disease Control (CDC) identifies four types of workplace violence. In health care settings, Type I violence occurs less frequently compared to other types of violence.

In Type 1 violence there is criminal intent, the perpetrator has no legitimate relationship to the business or its employees, and is usually committing a crime in conjunction with the violence (robbery, shoplifting, trespassing). An example of Type 1 violence would be a nurse assaulted in the hospital parking garage.

Type 2 violence is the most common in health-care settings, according to the CDC. Frequently seen in emergency and psychiatric treatment settings, waiting rooms, along with geriatric settings, the patient attacks the health-care worker.

Type 3 workplace violence is worker-on-worker, also known as lateral or

horizontal violence. This is verbal or emotional abuse that is unfair, offensive, vindictive or humiliating. Not limited to co-workers, this violence can occur between a supervisor to employee, doctor to nurse, senior nurse to new nurse or peer-to-peer.

In Type 4 violence, the perpetrator has a personal relationship to the employee outside of work that spills over to the work environment. For example, the husband of a nurse follows her to work, orders her home and threatens her, with implications for not only this nurse but also for her coworkers and patients.

"Bullying within an organization can negatively impact [overall] health and well-being, contributing to symptoms of stress or depression, and can result in increased absenteeism, workforce turnover, and related decreased productivity," Hatch said.

Workplace bullying can also affect a medical center's Joint Commission accreditation. The organization that surveys health-care facilities for safe and effective care, The Joint Commission indicates intimidating and disruptive behavior among colleagues can foster medical errors and contribute to poor patient satisfaction and other wise preventable adverse outcomes.

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## BULLYING PREVENTION TIPS

If you're bullied at work, the Workplace Violence Prevention Program manager recommends:

**1. Protect yourself.** If you feel safe enough, clearly communicate to the person doing the bullying that all people should be treated with respect and not feel as though they have been bullied. Suggest there are ways to communicate effectively in a positive manner.

**2. Advise your supervisor.** If a person in a leadership role is bullying, then inform your chain. If you need to reach out to other resources, contact Equal Employment Opportunity (EEO), the Inspector General, or the NCR-MD Workplace Violence Prevention Program on the website [www.capmed.mil](http://www.capmed.mil) under the Employee Services tab.

**3. Document.** Carefully document what happened, when it occurred, and who engaged in the behavior to help leadership to appropriately address the behavior.

**4. Speak-up.** If you witness someone else being bullied, speak-up or inform leadership so that the behavior can be dealt with appropriately.

**5. Manage Stress.** If the bullying causes significant distress or problems functioning at home, work, or socially, consider contacting a Behavioral Health provider to help you heal.

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BULLY

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“Those who are bullied are afraid,” said Clodeth C. Findlay, chief for Personnel, Defense Health Agency, National Capital Regional Medical Directorate (NCR-MD). “They don’t feel empowered, or have any power.” Findlay said it’s important for all employees to feel safe at work. For that reason she initiated research and a workgroup to build a workplace violence program for the NCR-MD, which includes WRNMMC, Joint Base Andrews (Md.), Fort Belvoir Community Hospital (Va.), and outlying clinics throughout the region.

The program is slated to begin at Walter Reed Bethesda this month. It will support Department of Defense Workplace Violence Prevention and Response Policy. The personnel chief said it was important to establish the workplace violence prevention program to focus on patients and maintain a safe, productive staff. Dr. Joan Gordon serves as the manager for the Workplace Violence Prevention Program for NCR-MD. Workplace violence “can start and end with one word,” she said. “It can begin and end with you.” Gordon said say something before the situation escalates. “It’s very prevalent but people don’t talk about it,” Gordon explained. She

said she believes many people hold things in but should release it as soon as possible. Integrated Health and Wellness Services at WRNMMC include behavioral health consultants who are able to help manage stress and anxiety or depression. The service also offers classes such as relaxation, guided imagery and yoga, most available to Walter Reed staff, civilian employees and contractors. The Resiliency and Psychological Health Service team can meet with Walter Reed Bethesda staff members for one-on-one resilience coaching to help individuals adaptively manage challenges and enhance resilience. The Employment Assistance Program, also known as

EAP, offers civilian staff members six free sessions per problem, to discuss many different workplace issues. EAP services are voluntary, confidential, and provided at no cost to the employee. Active duty service members can contact a Military and Family Life Consultant. Service members wishing to request resiliency and psychological health services, call 301-400-1974. For Integrated Health and Wellness, call 301-295-0105 to make an appointment. Reach EEO at 301-400-3312. For information about the WRNMMC workplace violence program, call 301-319-3817. Connect with Military and Family Life Counseling on the web at <http://www.militaryonesource.mil/confidential-help/mflc>.



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GENOME

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treatment centers,” Dalgard added. TAGC will also be supporting the Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) consortium, a collaboration that’s part of White House Cancer Moonshot initiative to accelerate cancer research. The initiative, which is being led by Vice President Joe Biden, is intended to make more therapies available to an increased number of patients, while also improving the ability to prevent

cancer and detect it at an early stage. In particular, TAGC scientists will be looking at the expression of genes in a cohort of 8,000 patients with lung cancer. “We’re very hopeful the center will influence military health care, as well as American health,” Dalgard said, adding, he is “honored and privileged to be a part of a project that will span the course of a few decades.” Wilkerson echoed similar sentiments. “This is a tremendous opportunity, a unique alignment of advanced technologies and institutional leadership that will accelerate transnational research,” he said.

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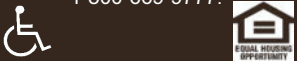






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